

# STATE BOARD OF REFRIGERATION EXAMINERS



## APPLICATION FOR REFRIGERATION EXAMINATIONS

(Please print legibly or type all information)

I hereby apply for examination to qualify for license to engage in the business of commercial or transport refrigeration contracting in the State of North Carolina. I have read and understand the refrigeration experience requirement. (21 NCAC 60.0206-.0207).

### 1. Personal (Applicants must include full name and not an initial)

Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ County \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ Work Fax \_\_\_\_\_

### 2. Current Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Board mail will be sent here) Street City State Zip

Physical Address \_\_\_\_\_  
(If different from mailing address) Street City State Zip

3. Please indicate examination: \_\_\_\_\_ Commercial Refrigeration \_\_\_\_\_ Transport Refrigeration

4. Do you hold a current transport refrigeration license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is your license number? \_\_\_\_\_

5. What is your CFC Certification Number? \_\_\_\_\_; Type of Certification \_\_\_\_\_  
Issued by \_\_\_\_\_; Date of Issuance \_\_\_\_\_

6. Have you ever been licensed by any other licensing board in North Carolina, or in any other state or municipality? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what licenses do you hold? \_\_\_\_\_

7. Have you ever had an occupational license revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, attach a statement giving complete details

8. Have you ever taken the examination for a NC Refrigeration Contractor's License? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when \_\_\_\_\_ where \_\_\_\_\_ did you pass \_\_\_\_\_

9. Each license is issued to the individual who qualifies. If a license is granted, state the exact name in which it should be registered at the present time. Individual's name or individual's name followed by firm name. Also include address where all correspondence should be sent.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Record of refrigeration experience/education needed to qualify for a refrigeration contractor examination. (Complete if you do not hold a current transport refrigeration license.)** NOTE: Up to one-half the experience may be in academic or technical training directly related to the field of endeavor for which the examination is being requested.

(a) Education: Name of school and location where refrigeration training obtained \_\_\_\_\_

Course name or description \_\_\_\_\_

Actual number of contact hours \_\_\_\_\_ Type Degree: Diploma (1 year) \_\_\_\_ Associate (2 years) \_\_\_\_

(b) Experience Record: Please list where you obtained your experience, providing description of the work performed, as well as employment dates, firm name, address and phone number, name of supervisor and number of hours obtained. (attach additional pages, if needed)

DATE		FIRM NAME, NAME, ADDRESS AND PHONE NUMBER OF SUPERVISOR	NUMBER OF HOURS
FROM	TO		

11. Transport Examination Study Guide is available for \$25.00.

12. The \$40.00 payable to the State Board of Refrigeration Examiners is a nonrefundable fee deposit for the next regular exam. (Re: G.S. 87-64) If an applicant passes the examination, this deposit covers the license fee for the current calendar year.

**Method of Payment:**     Check             Money Order             VISA             MasterCard

Total Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Verification Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**My signature and license number will appear on all refrigeration contracts and I will exercise general supervision of all work done thereunder.**

**I do hereby certify that the statements made above are true and correct to the best of my knowledge and belief. I understand that any false information given is grounds for revocation of license.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Mail Application To:**            **State Board of Refrigeration Examiners**  
   **1027 US Highway 70 West, Suite 221**  
   **Garner, North Carolina    27529**

(Not to be completed for persons holding valid transport refrigeration contractor licenses)

**SUPERVISOR'S STATEMENT**

(This page to be completed by persons who supervised applicant)

Notice to Licensee/Employer regarding experience. In order for the Board to maintain appropriate standards of competence for new licensees, it is important that extreme care be exercised in verifying an applicant's experience. The Board reserves the right to review, if necessary, all employment records prior to making a final determination of the applicant's experience. If any former employee asks that you sign a form verifying his/her work experience so as to qualify for an examination, you must complete these forms to the extent of your knowledge. An unjustified refusal to sign appropriately documented forms provided by the applicant will lead to an appearance before a Board review official.

The Board understands that on occasion employees are dismissed due to lack of skill, tardiness, substance abuse, theft or other reasons. In such circumstances, you may wish to provide additional information to the Board by separate letter. The Board will consider all such information within the limits of its duty and authority.

The person listed below is applying for a North Carolina refrigeration contractor examination. A minimum of 4000 hours of refrigeration experience is required before an application may be accepted by the NC State Board of Refrigeration Examiners. This experience must have been acquired while engaged actively and directly in the installation, maintenance, servicing and repairing of commercial, industrial or institutional refrigeration equipment. Qualifying experience must have been acquired while working under the supervision of person(s) holding a valid refrigeration contractor's license, registered professional engineer or equivalent\*.

1. I certify that \_\_\_\_\_ has acquired a total of \_\_\_\_\_ hours of refrigeration experience while working under my supervision. He has engaged in the installation \_\_\_\_, maintenance \_\_\_\_, servicing \_\_\_\_, or repairing \_\_\_\_ of the following types of refrigeration equipment: commercial \_\_\_\_, industrial \_\_\_\_, institutional \_\_\_\_, or transport \_\_\_\_ while working under my supervision. The experience was acquired between the following dates: \_\_\_\_\_ to \_\_\_\_\_. (Do not list any comfort cooling experience.)

Briefly list job description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and telephone number where applicant's refrigeration experience was acquired:

Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Supervisor's Qualifications: Licensed Refrigeration Contractor \_\_\_\_; Registered Professional Engineer \_\_\_\_; equivalent\* \_\_\_\_

\_\_\_\_\_  
(Print Supervisor's Name) (License No.) (State)

\_\_\_\_\_  
Address of Supervisor City State Zip Telephone No.

If you checked equivalent\*, please list your technical School or College training in refrigeration \_\_\_\_\_ years

Name and Address of School Attended: \_\_\_\_\_

I have had \_\_\_\_\_ years of full time field experience in commercial \_\_\_\_, industrial \_\_\_\_, institutional \_\_\_\_ or transport refrigeration.

Comments:

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\*Equivalent means that in the judgment of the Board, a person has sufficient refrigeration training and experience to be proficient in the installation, maintenance, service and repairing of commercial, industrial or institutional refrigeration equipment.

Complete this affidavit only if the supervisor's statement is not completed.

# AFFIDAVIT

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says:  
(Print name of applicant)

1. I have read and understand Rules .0206 and .0207 of Title 21, Chapter 60 of the North Carolina Administrative Code. A copy of these rules was sent to me by the State Board of Refrigeration Examiners.

2. If you are not able to furnish a supervisor's statement, please explain to the Board why you cannot furnish such a statement  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I have acquired at least 4000 hours of refrigeration experience\* in: commercial , industrial , institutional , transport , refrigeration. My refrigeration experience was acquired while employed with the following person(s) or firm(s). (Up to one-half the experience may be in academic or technical training directly related to the field of endeavor for which the exam is requested.)

(a) \_\_\_\_\_  
(Name of person or firm) (Address)  
\_\_\_\_\_  
(City) (State) (Zip) (Telephone Number)  
From \_\_\_\_\_ to \_\_\_\_\_  
(Dates of Employment) (My duties with the firm)

(b) \_\_\_\_\_  
(Name of person or firm) (Address)  
\_\_\_\_\_  
(City) (State) (Zip) (Telephone Number)  
From \_\_\_\_\_ to \_\_\_\_\_  
(Dates of Employment) (My duties with the firm)

(c) Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Sworn and subscribed before me,  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**\*Do not list any comfort cooling or air conditioning experience.**  
**\*\*Equivalent means that, in the judgment of the Board, a person has had sufficient refrigeration training and experience to be proficient in the installation, maintenance and repairing of commercial, industrial or institutional refrigeration equipment.**